

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AN ANGIOGRAPHIC SYRINGE SUPPORT DEVICE AND COMBINATIONS COMPRISING THE DEVICE

TOGETHER WITH AN ANGIOGRAPHIC SYRINGE AND AN ANGIOGRAPHIC INJECTOR

the application of which

☐ is attached hereto



☒ was filed on January 15, 2004 as PCT International Application Number PCT/FR2004/000075 (Confirmation No. _____), and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part application(s), material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application(s) which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application(s) having a filing date before that of the application on which priority is claimed.

Prior Application Number(s)

03 00 927

Country

FRANCE

Filing Date

January 28, 2003

Priority Claimed

Yes No

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I hereby claim benefit under 35 United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)

Filing Date

I hereby claim benefit under 35 United States Code §120 of any United States application(s) or §365(c) of any PCT International application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in a listed prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge my duty to disclose any information material to the patentability of this application as defined in 37 C.F.R. 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Prior U.S. or International Application Number(s)

U.S. or International Filing Date

Status

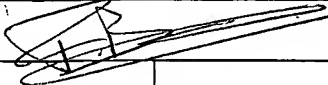
I hereby appoint all attorneys of **SUGHRUE MION, PLLC** who are listed under the USPTO Customer Number shown below as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, recognizing that the specific attorneys listed under that Customer Number may be changed from time to time at the sole discretion of Sughrue Mion, PLLC, and request that all correspondence about the application be addressed to the address filed under the same USPTO Customer Number.

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PATENT TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:			
Given Name <u>Fabrice</u> (first and middle [if any])		Family Name or Surname <u>BONACCI</u>	
Inventor's Signature 		Date <u>September 23, 2005</u>	
Residence: City <u>ST. PRIEST</u>	State	Country <u>FRANCE</u>	Citizenship <u>FRANCE</u> <i>FRX</i>
Mailing Address: <u>13 rue Charles Ravat - 69800 ST PRIEST - FRANCE</u>			
City <u>ST PRIEST</u>	State	Zip <u>69800</u>	Country <u>FRANCE</u>
NAME OF SECOND INVENTOR:			
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	Zip	Country
NAME OF THIRD INVENTOR:			
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	Zip	Country
NAME OF FOURTH INVENTOR:			
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	Zip	Country
NAME OF FIFTH INVENTOR:			
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	Zip	Country



JC03 Rec'd PCT/PTO 07 OCT 2005 ^{PCT} #5

PATENT APPLICATION
Q-89022

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Fabrice BONACCI

Appln. No.: 10/542,989

PCT/FR2004/000075,

Filed: January 15, 2004

Confirmation No.: NOT YET KNOWN

Filed: July 21, 2005

Examiner: NOT YET KNOWN

For: AN ANGIOGRAPHIC SYRINGE SUPPORT DEVICE AND COMBINATIONS
COMPRISING THE DEVICE TOGETHER WITH AN ANGIOGRAPHIC SYRINGE AND AN
ANGIOGRAPHIC INJECTOR

SUBMISSION OF SUBSTITUTE DECLARATION

MAIL STOP PCT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant submits herewith a Substitute Declaration and Power of Attorney where the name of the inventor is correctly listed as Fabrice Bonacci and not Bonnnacci as indicated on the Declaration filed with the National Stage Entry papers on July 21, 2005.

It is respectfully requested that the Official Filing Receipt reflect the correct spelling of Fabrice Bonacci.

SUGHRUE MION, PLLC
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(202) 663-7901

WASHINGTON OFFICE

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CUSTOMER NUMBER

Date: October 7, 2005

Respectfully submitted,


John H. Mion
Registration No. 18,879